Community Clinics in San Diego

A review of workforce issues facing San Diego’s community healthcare clinics

November 2011
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INTRODUCTION

San Diego’s community healthcare clinics provide a valuable service to their patients and the community. Providing a wide range of services, clinics are often the best and sometimes the only option for thousands of residents throughout the county. Without a public hospital or clinic within the city or county government, the network of regional, non-profit health clinics is critical to serving San Diego’s residents.

Despite their importance, community healthcare clinics’ unique needs are rarely addressed in the mainstream healthcare literature. This report, commissioned by the San Diego Workforce Partnership and the San Diego Workforce Funders Collaborative, provides analysis and recommendations regarding: 1) current allied health workforce issues; 2) specific skill requirements and deficiencies among medical assistants and their equivalents; and 3) opportunities for and obstacles to career advancement at community clinics. The information gathered includes secondary data from Economic Modeling Specialists, Inc., and 11 executive-level interviews with staffing managers and human resource professionals from the 191 regional community healthcare clinics in the county. These employment interviews represent nearly 60% of all clinics in the county and 75% of all clinic employment.

The findings in this report illustrate that the workforce needs of community clinics are quite different from hospitals and for-profit clinics. The workers are different, often living in the communities in which they serve, with different skill profiles and job duties than workers in other settings. The findings show significant foundational skill gaps in reading, writing, and math among the frontline workforce of medical assistants. Many employers noted that the average English ability of their recent medical assistant hires is insufficient even by grammar school standards, and that this is not related to English language learning, but prevalent among native speakers as well. This finding suggests a need for additional remedial training in basic skills, and highlights problematic shortcomings of the education system and existing training programs for Medical Assistants and other frontline healthcare staff.

This report was funded by the California Workforce Investment Board’s Regional Innovation Clusters of Opportunity Grant on behalf of the Funders Collaborative as part of a broad effort to understand the workforce needs of employers needing new skills and new workers in frontline caregiving roles and healthcare information technology, or HIT. The research conducted for this report included a review of HIT adoption at community clinics and the specific barriers to adoption. Because medical assistants are the most intensive users of HIT systems generally, the San Diego Workforce Partnership went beyond the initial research of HIT penetration at community clinics to explore these important workers’ skill profiles and deficiencies at the region’s community health clinics.

1 These 19 organizations have multiple employment sites throughout the county.
FINDINGS AND RECOMMENDATIONS

ALLIED HEALTH WORKERS

An “allied health occupation” is any clinical healthcare position that is not specifically a medical doctor, dentist, or nurse. Allied health workers provide a wide range of diagnostic, therapeutic, and technical services that support healthcare delivery teams. They are often the first line of contact with patients and include many of the technicians (x-ray, laboratory, cardiovascular, etc.), assistants (medical, dental, etc.), and technologists in healthcare.

The majority of allied health occupations require a two-year degree or less, though many also require a certification from the state or professional governing body. Because of their wide employment in hospitals, private offices, clinics, and other settings, national skill profiles are often sufficient for understanding these important positions. The interviews and discussions with clinic leaders, however, highlight important differences for allied health in the clinic. For general allied health occupational profiles, see Appendix B.

Generally speaking, the demand for allied health workers at community clinics mirrors that of other healthcare providers in the county. Specifically, allied health occupations are expected to grow by approximately 8% over the next three years, with roughly as many openings due to retirements as new positions. Likewise, community clinics expect to see similar levels of growth with opportunities for new workers driven by growth and turnover.

The differences between community clinics and other healthcare providers in the area become more pronounced when reviewing the skill requirements and deficiencies of existing workers and new hires. For example, in previous research conducted by the San Diego Workforce Partnership and the California Community Colleges Center of Excellence initiative, healthcare employers reported that technical skills were most important, followed by customer service skills. Community clinics, however, rated technical skills third, after communication skills and critical thinking. In addition, work readiness skills surpassed appropriate education and training in reported importance.

When given an opportunity to provide an open-ended response about their allied health workers’ greatest deficiencies, nine of the 11 clinic employers noted communication skills (82%), eight reported demonstrated professionalism (73%), and seven reported problem solving (64%). Only two clinics reported any technical skill deficiencies (18%). These contrasts from non-clinic healthcare providers were even more evident when related specifically to medical assistants.
MEDICAL ASSISTANTS

Medical assistants perform administrative and clinical duties under the direction of a physician. According to O*NET, administrative duties include “scheduling appointments, maintaining medical records, billing, and coding for insurance purposes,” and clinical duties include “taking and recording vital signs and medical histories, preparing patients for examination, drawing blood, and administering medications as directed by physician.” At the community clinics in San Diego, such positions may be called other titles, such as reproductive health technician. For the purposes of this report, all entry-level positions meeting the O*NET definition above are referred to as medical assistants.

Finding: Despite an Abundance of Medical Assistants, Skill Shortages Remain

Recommendation: Review Funding Requests for Medical Assisting Programs Carefully

San Diego County is home to far more medical assistants than necessary to meet demand, however, employers note that there are significant skill shortages in many of the applicants for open positions. Recent secondary research suggests that there are currently over 7,500 medical assistants in San Diego County, and that the region presents approximately 350 openings (new and replacement) for medical assistants annually. Primary research from the summer of 2010 suggested a slightly higher number of openings, and changes in the overall economy since that time support a finding that is closer to 400 annual openings county-wide.²

² EMSI Complete Employment, 2nd Quarter 2011
At the same time, the region’s education and training providers are producing over 1,300 medical assistant graduates per year. (This number includes about 200 closely related completions in areas such as insurance coding and billing.) According to Indeed.com, there are currently 77 postings for medical assistants in the region. These postings come at a time when hundreds of recently minted graduates of medical assisting programs are entering the workforce.

In terms of sheer quantity, the competition for the 400 openings only gets tighter when considering that a plurality of medical assistants in the area do not have any college-level training but rather have a high school diploma or GED, perhaps with some Regional Occupational Program (ROP) training.

As reported previously, community clinics reported little difficulty finding applicants for medical assistants to fill existing openings. This is despite generally offering lower average wages than other healthcare providers in the area. However, the deficiencies in these workers are sufficient enough to cause concern with employers, suggesting that training programs need to focus more on quality than quantity of their graduates.

**EMPLOYER REQUIREMENTS, PREFERENCES, AND DEFICIENCIES**

Employers were willing to talk at length about their requirements and preferences for medical assistants and other allied healthcare workers. Many expressed frustration with the quality of their workers but lamented their inability to attract better workers due to lower wages. From an educational standpoint, the county-wide statistics illustrate that allied healthcare workers generally have a level of education falling between a high school diploma and an associate’s degree.

**Figure 2: Educational Level for Medical Assistants in San Diego**

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3 Id.
Community clinics reported similar results, though a majority reported that they tend to hire high school graduates with some training, often from ROP programs or short-term courses that do not lead to a degree.

A review of the knowledge, skills, and abilities (KSAs) of medical assistants generally shows that the basic tenets of medical assisting are similar across employers, though the order of importance does seem to be different for regional community clinics as opposed to other healthcare providers.

Specifically, the general knowledge profile of medical assistants lists English Language, Medicine and Dentistry, Customer Service, and Clerical as the top four skills. For skills and abilities, the general order of importance is Speaking, Active Listening, and Reading Comprehension.

**Figure 3: Skill Areas for Medical Assistants in San Diego, All Healthcare Employers**

Community clinics demonstrated a slightly different take on KSAs. In order of frequency, firms rated the following as the most important skills for medical assistants:

Source: U.S. Department of Labor / Employment and Training Administration, O*NET database version 13

Community clinics demonstrated a slightly different take on KSAs. In order of frequency, firms rated the following as the most important skills for medical assistants:
Customer service skills (100% very important)
Demonstrated professionalism (100% very important)
Basic computer skills (82% very important, 18% important)
CPR certification (82% very important, 18% important)
Writing ability (82% very important 18% important)
Bilingual ability (63% very important, 28% important, 9% not important)

When asked to rank them against one another, customer service skills were rated most important, followed by professionalism.

Figure 4: Most Important Skills for Medical Assistants

Clinic employers named the following skills as the most difficult to find in medical assistant job candidates. Listed in order of employer-ranked scarcity, they are:

- Communication and critical thinking skills
- Technical skills related to the position
- Work readiness skills
- Appropriate education and training
- Previous work experience
Clinic employers also reported difficulty finding bilingual speakers, punctual employees, and diverse applicants.

When asked about deficiencies in current employees, responses ranged dramatically, including:

- Professionalism or customer service (4 clinics reporting)
- Experience (3)
- Computer skills (3)
- Writing (3)
- Bilingual (1)

These results lead to a finding and a recommendation for existing training programs.

**Finding:** Medical Assistants Have More Varied Roles at Community Clinics and Require More and Different KSAs

**Recommendation:** Develop Modules for Existing Training Courses that Focus on Communication, Critical Thinking, and Customer Service

The clear skill deficiencies for clinic employees in this important occupation are in the area of so-called “soft-skills.” Rather than developing new training programs that continue to produce workers with such deficiencies, **community clinics would be best served if training providers would develop training modules to ensure additional skill enhancement for communication, customer service, and critical thinking.**

These modules—particularly in communication—should be remedial, as many employers noted that the average English and math abilities of their recent medical assistant hires was insufficient even by grammar school standards. Also of important note was the frequency of employers reporting that the communication problem is not an issue of non-native English speakers, but rather an inability of native English speakers to properly communicate due to poor grammar and vocabulary. In the most extreme cases, doctors occasionally do not understand the instructions or notes of the assistant, which at a minimum causes extra work, frustration, and confusion in the workplace.

Regarding mathematics, employers note that basic arithmetic skills are insufficient among their current staff. This presents specific challenges with regards to the ability of clinic medical assistants to provide accurate dosing, leading to more required supervision and decreased efficiency.

**OPPORTUNITIES FOR ADVANCEMENT**

There is strong potential for the best candidates to be promoted to a wide range of opportunities. When asked about promoting medical assistants to other positions, the majority (6) reported that they sometimes do so while two reported doing so regularly and two reported never doing so. Most frequently, medical assistants are promoted to become more senior
medical assistants or medical assistant supervisors as well as case managers and clinical supervisors. It was noted by several respondents that medical assistants could certainly become clinic managers as well. Specific titles listed were:

- LVN assistant
- Outreach worker or certified prenatal health worker
- Medical assistant supervisor
- Administrator or supervisor

In terms of the skills needed for promotion, respondents indicated the following:

- Organizational leadership skills
- Customer service skills
- Communication and writing skills

Some of these promotions require advanced technical training or obtaining a degree. Due to the limited ability to help fund these programs, such training is less common in clinics than in other settings.
The research yields several findings and recommendations specific to promotions at community clinics.

**Finding: Medical Assistants at Community Clinics Face Greater Obstacles to Continuing Their Formal Education**

Employers believe that the medical assistants who work at clinics have fewer resources than those who work in other settings. Specifically, several clinics noted that their medical assistants were unlikely to be able to afford the financial cost of additional education that is required for many technical jobs in healthcare. As a result, medical assistants at community clinics are less likely to transition to higher-paying technician or technologist occupations.

**Recommendation: Develop Partnerships to Fund Professional Development.**

Employers note the importance of continuing education and the specific barriers facing their employees' professional development. By working with a variety of partners, including training providers, the public workforce system, and private funders, resources targeted to incumbent worker training could provide pivotal pathways for career advancement within clinics.

**Finding: Top Medical Assistants are Frequently Promoted to Supervisory Positions, but They Need Support**

Medical assistants at community clinics often have not learned the professional etiquette that is required in the healthcare setting prior to being hired. Specifically, clinic employers reported that medical assistants often speak to clients and each other in very inappropriate ways. One employer went so far as to say “they talk to one another like they are… off-duty, which is unacceptable in a healthcare setting...honestly, you would be shocked.”

Despite this persistent concern, employers did not offer any of their own solutions for improving professionalism in the workplace.

Many clinic employers noted that basic training on leadership and professionalism in the workplace would be beneficial to their existing workforce. Clearly, employers and the training community need to work together to develop a more professional workplace both before and after being hired. Four recommendations are made for dealing with this finding. They are as follows:

**Recommendation: Develop Training Modules in Organizational Leadership, Communications, and Critical Thinking for Existing Medical Assistants.**

Supervisory roles are good avenues for promotion, but many existing medical assistants do not have the requisite leadership, critical thinking, or communication skills to succeed. Specifically, additional coursework can provide medical assistants with training in employee management, basic project management, clear communication of goals and objectives, and decision making. These critical tools would allow for even greater opportunities for advancement in the clinic.
**Recommendation: Develop Training on Professional Conduct and Ethics for Incumbent Workers and New Hires**

Community clinics take well-deserved pride in their success in providing culturally appropriate care in their communities. Furthermore, clinics provide value to their communities by offering employment opportunities for residents. Clinics reported that, particularly for medical assistant positions, they overwhelmingly hire from the local community and, as a result, most of their workers are friends, relatives, or at least know one another.

This success also brings some challenges. Because so many workers know each other in their personal lives, their interactions at work tend to be more colloquial than would be expected in a professional work setting, and the line between the personal and the professional is often crossed. According to the clinic employers, this is particularly challenging with regard to their medical assistants, and it appears to be more of a challenge at clinics than at other healthcare providers.

This is an area that could be addressed by training. Such training could help the clinics’ medical assistants to understand better the critical behavioral differences that are necessary to maintain professionalism in the workplace. By helping new hires and incumbent workers learn the basics of professional behavior, clinics can ensure more appropriate conversation and increased levels of confidence and satisfaction by patients.

**Recommendation: Develop Innovative Partnerships to Provide Medical Assistants with Greater Access to Technical Training**

Though supervisory positions at the clinics provide good opportunity for advancement, clinics still face shortages of technicians and technologists, and there are not enough supervisory positions for all of the existing medical assistants to fill. Therefore, innovative partnerships should be explored to provide additional funding to train medical assistants for technician-level jobs. Though these positions often require two years of education, many allow flexible schedules so that students can continue to work while completing the coursework.

**Recommendation: Review Existing Educational Standards**

Perhaps the most important recommendation in this report is for a comprehensive examination of educational programs and standards. This should be a multi-faceted review that begins with the K-12 public education system. According to clinic employers, medical assistants (with high school diplomas and medical assistant certificates) cannot read and write at a basic level. Though it may be unfair to expect our public high schools to prepare students for every job that exists in a dynamic, 21st century economy, employers should not be left wondering if a high school graduate can read and write a sentence that can be understood by others, relatively free of spelling and grammatical errors.

Beyond secondary school, colleges and proprietary schools should be held accountable for the quality of their graduates. Too often, training providers are graduating under-skilled medical assistants who severely lack the requisite skills for such an important clinical position. Furthermore, these graduates are entering an already saturated market. It is important for all training providers, community colleges and proprietary schools alike, to appropriately match the
supply to demand, and the workforce investment system should rigorously review the actual labor market demand before investing in training. Too often, training providers are motivated by grant funding or profit motives rather than ensuring that they are training workers in areas where there is a reasonable chance for employment.

Clinic employers noted that there are several schools with whom they will not cooperate, nor will they consider their graduates, due to the quality of training. The public workforce system should explore these issues to ensure that the funded training programs produce the highest quality, and most employable, graduates.

**Finding: Medical Assistants at Community Clinics are Less Likely to Have Professional Certifications**

Though some states require licensing of medical assistants, California does not. However, previous research of hospitals and other medical providers indicates a preference for candidates who hold certifications from national or regional professional associations, and many malpractice insurance providers require it.\(^4\) Community clinics, however, reported that the large majority of their medical assistants do not have certifications. Research conducted for this report suggests that the preferred certifications are the Certified Medical Assistant credential from the American Association of Medical Assistants (AAMA) and the Registered Medical Assistant credential from the Association of Medical Technologists (AMT). The AAMA certification includes completion of an accredited program, completion of an exam, and regular recertification. The fee is $125-250, which was reported as a potential barrier to many applicants. The AMT certification requires a similar process with a fee of $95.

Three recommendations are made for dealing with this finding. They are as follows:

**Recommendation: Set Certification Goals for Funded Programs**

This recommendation recognizes that many of the reported employer difficulties can be addressed by hiring certified medical assistants. Specifically, by passing a standardized certification exam, certified medical assistants have demonstrated technical ability, a level of communication skill (necessary to read and respond to exam questions), and evidence of critical thinking and problem solving skills.

This first recommendation deals with supply. Though clinic employers noted that there are ample medical assistants to interview, few have certification. Public policy should require that any publicly funded medical assistant training program leads to certification with AAMA or AMT. At a minimum, this means only funding training providers that are accredited by either of these governing bodies.

Successful programs that lead to certification often include caseworkers or managers who are able to assist students and navigate the certification process, provide additional study support,

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\(^4\) The Medical Board of California website states: Medical assistants are not licensed, certified, or registered by the State of California. However, the medical assistant's employer and/or supervising physician's or podiatrist's malpractice insurance carrier may require that the medical assistant be certified by a national or private association. A medical assistant must be certified by one of the approved certifying organizations in order to train other medical assistants. (Title 16 CCR 1366.3)
and provide other guidance to students in the program. If at all possible, **these programs should fund the cost of taking certification examinations.**

**Recommendation: Leverage Existing Resources to Increase Pay of Medical Assistants**

Clinic employers reported an average wage for medical assistants of $10-11 per hour, which is well below the market rate across the county and falls around the 10th percentile of wages for the occupation.

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There is an essential truth to the statement that “you get what you pay for.” In this instance, clinics report difficulties and deficiencies with their existing medical assistants yet are generally reporting wages that are much lower than competitive rates.

As healthcare reform and other initiatives provide additional avenues of funding and increase their responsibility and importance to local communities, clinics will need to invest resources to bring their pay rates closer in line with other healthcare providers—particularly if they hope to hire better candidates with certifications.
CONCLUSIONS

The allied health workers of San Diego’s community healthcare clinics play a critically important role in helping the clinics fulfill their public service mission. Because the knowledge, skills, and abilities required of these workers are not always the same as those required of their colleagues in other healthcare settings, it is particularly important for the workforce development community to support these workers and ensure they have the support necessary to perform their jobs.

Meeting the challenges presented by the training, hiring, and development of quality medical assistants is of particular importance. Despite a market flooded with applicants, many hires in this field simply do not have the skills their community clinic employers need. Developing remedial programs designed to instill the communication, critical thinking, and customer service skills demanded by community clinics is an important start; ensuring that top medical assistants have access to the additional education necessary to assume more responsibility, advance in the profession, or transition to a more technical role is also important. Thinking more ambitiously, improved instruction and accountability in the education system—from K-12 through colleges and proprietary schools—would, of course, benefit not only medical assistant candidates but society at large.

Increasing the hiring of medical assistants with a certification from the AAMA or AMT is another important step as such certifications provide a quality check in a saturated market. Reserving public funds for training programs that lead to this certification and offering support for graduates who want to take the certification test are important steps, but little will be accomplished without improving wages. Quality candidates want and can demand quality pay. With pay at community clinics falling around the 10th percentile of wages for the occupation, it is easy to see why the clinics have difficulty attracting the best talent.

All of these goals are readily achievable. Working together, the workforce development system, community clinics, and career training programs can be a powerful force for improving the education and certification of medical assistants. And by leveraging existing resources and making the most of funding increases, clinics can improve medical assistant wages and attract the best candidates. With such reforms, community healthcare clinics will be able to employ the talented workers needed to fulfill their mission while providing skilled medical assistants and other allied health workers with highly rewarding careers.